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PREPARE IN DUPLICATE									DDS/08-041				
i. TITLE OF REPORT (if a fill-in report include Form No.)									2. TYPE	<del>/                                      </del>	ISTICAL		
Computer Usage and Inventory Report									OF REPORT	MARR	ATIVE		
*						MACHINE-NAME LISTING							
3. FUNCTIONAL AREA			PERSONNEL LOGISTICS		TRAINING SECURITY			1		ADMIN. GENERAL OTHER (specify)			
			MEDICAL		FINANCE			2	<del></del>	COMMUNICATIONS			
4. NO. OF COPIES PREPARED			• FREQUENCY	(weckly,	monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not					
3			Semi-Annually						umber of d	copies)	1		
7. FORMAT (memorandum, form computer print-out, etc)			lues for the second sec						RECTIVE AUTHORITY REQUIRING REPORT				
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10. PREPARING CO	MPONENT	(inclu	lude lowest level					SSS/DDS otal number and identify by Title,					
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190 TOTAL COSTS PER YEAR													
13. COMPLETE DETA	REPORT W	TIFICA	TION FOR THI	REPORT	(in addition	to dire	ctive o	r aut	hority ci	ted in ite	n 9). IF K	NOWN,	
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16. DATE OF INVEN		17. N	AME AND TITLE	OF PERSO	N FURNISHIM	INFORMA	TION			<del></del>	+	STAT	
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